

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:
WALTON, et al.

For: MULTIPLE-ACCESS
MULTIPLE-INPUT MULTIPLE-
OUTPUT (MIMO)
COMMUNICATION SYSTEM

Serial No.: 09/993,087

Examiner: Joy Contee

Filed: November 6, 2001

Group No. 2686

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FEB 07 2005

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action dated October 5th, 2004, please amend the above-identified application as indicated below. Applicant hereby petitions a 1 month Extension of Time.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name:

(type or print name)

Date:

Signature: _____

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Stacy Dunning

(type or print name)

Date: February 7, 2005

Signature: Stacy Dunning

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Attorney Docket No.: 010254
Customer No.: 23696

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U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 010254
In Re Application of: Walton et al.
Serial Number: 07993,087
Filed: November 6, 2001
Examiner: Joy K. Conner
Group Art Unit: 2686RECEIVED
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FEB 07 2005

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	51	53	0	< \$50 =	\$0
Independent**	5	7	0	:: \$200 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$360	\$0
EXTENSION FEES				<input checked="" type="checkbox"/> One Month	\$120
				<input type="checkbox"/> Two Months	\$450
				<input type="checkbox"/> Three Months	\$1020
TERMINAL DISCLAIMER				\$130	\$0
				TOTAL FEE	\$120

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$120.00.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: February 7, 2005

Signature: Rajul Patel, Reg. No. 53,441
(858) 651-7435QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

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Depositor's Name: _____
(type or print name)

Date: February 7, 2005

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Stacy Dunne
(type or print name)Signature: 

(TRANSAMD.VER1.13-04/30/04)

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